

TISHOMINGO COUNTY SCHOOL DISTRICT
Request for Student

Transfer Student's Full Name _____ Date of Birth _____

Student's Social Security # _____ Grade Student is Entering _____

Name of School Student is Zoned to Attend _____
(Out-of-District transfers must attach a release from the school district they are zoned to attend.)

Name of School You Wish the Student to Attend _____

911 Address at Which the Student Lives _____

Names of Parent(s)/Guardian(s) _____
(A copy of court-documentation of custody must be attached for any student living with someone other than natural parents)

Mailing address of Parents(s)/Guardian(s) _____

Telephone Numbers _____(Personal) _____(Work)

List any brother or sister of the student who is requesting this transfer who lives at the same address and is enrolled in grades K-8 in Tishomingo County School District.

Brother/Sister Name _____

School They Attend _____

Please give any comments or information you feel is relevant to this request. Be specific

Request must be submitted to:
Tishomingo County School District
1620 Paul Edmondson Drive
Iuka, MS 38852